

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | Application Number | | Filing Date | | |
|---|----------|--------|-----------------------|--------|------------------------|--------------------|--------------|-------------|-------|--------|
| | | | | | | Applicant(s) | | | | |
| * May be used for additional claims or amendments | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
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| 44 | | 1 | | | | | 94 | | | |
| 45 | | 1 | | | | | 95 | | | |
| 46 | | 1 | | | | | 96 | | | |
| 47 | | 1 | | | | | 97 | | | |
| 48 | | 1 | | | | | 98 | | | |
| 49 | | 1 | | | | | 99 | | | |
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| Total Indep | | | | | | | Total Indep | | | |
| Total Depend | | | | | | | Total Depend | | | |
| Total Claims | | | | | | | Total Claims | | | |